

LVCEA GRIEVANCE REPORT

GRIEVANCE # _____

LVCEA and Employees' Name: _____ Classification: _____

Daytime Contact Phone Number: _____

Supervisor: _____ Title: _____

Nature of Grievance: *Non-disciplinary or Disciplinary* Date of Incident: _____

Article Violation(s): _____

Employee Statement of Grievance and Action Desired: _____

Employee Signature

Date

STEP 1: (Informal) Date of Meeting with Supervisor & Division Manager _____

(This information is needed to track timelines)

STEP 2: Grievance Filed with Department Director

Date Filed By Employee: _____ Employee's Initials: _____ Received by: _____

Department Director's Response: _____

Department Director's Signature: _____ Date: _____

STEP 3: Grievance Filed with Director of Human Resources for scheduling with City Manager

Date Filed by Employee: _____ Employee's Initials: _____ Received by: _____

City Manager's Response: _____

City Manager's Signature: _____ Date: _____